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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		Hood / Sliwa
First Named Inventor		Andrew Hood, M.D.
COMPLETE IF KNOWN		
Application Number		/
Filing Date		August 15, 2001
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Customizable Handheld Computer Data Collection and Report Generation Software

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (MM/DD/YYYY) [redacted] as United States Application Number or PCT International

Application Number [redacted] and was amended on (MM/DD/YYYY) [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name **Daniel P. Maguire**

Address **423 E Street**

City Davis	State CA	ZIP 95616
-------------------	-----------------	------------------

Country USA	Telephone 530 750 3661	Fax 530 750 3793
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Andrew David	Family Name or Surname Hood
---	---------------------------------------

Inventor's Signature 	Date 8/14/01
--	---------------------

Residence: City Pine Grove	State CA	Country USA	Citizenship USA
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Mailing Address **14500 Surrey Place**

City Pine Grove	State CA	ZIP 95665	Country USA
------------------------	-----------------	------------------	--------------------

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Jeffrey Scott	Family Name or Surname Sliwa
--	--

Inventor's Signature	Date
-------------------------	------

Residence: City Lake Worth	State FL	Country USA	Citizenship USA
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Mailing Address **7177 Catalina Isle Drive**

City Lake Worth	State FL	ZIP 33467	Country USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**DECLARATION FOR UTILITY OR
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(37 CFR 1.63)**

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Andrew David	Family Name or Surname Hood
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Inventor's Signature	Date
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Residence: City Pine Grove	State CA	Country USA	Citizenship USA
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Mailing Address 14500 Surrey Place

City Pine Grove	State CA	ZIP 95665	Country USA
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NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Jeffrey Scott	Family Name or Surname Sliwa
---	---------------------------------

Inventor's Signature	8/14/2001
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Residence: City Lake Worth	State FL	Country USA	Citizenship USA
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Mailing Address 7177 Catalina Isle Drive

City Lake Worth	State FL	ZIP 33467	Country USA
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Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	August 15, 2001
First Named Inventor	Andrew Hood, M.D.
Title	Customizable Hand-
Group Art Unit	
Examiner Name	
Attorney Docket Number	Hood/Sliwa

I hereby appoint:

Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

OR

Practitioner(s) named below:

Name	Registration Number
Daniel P. Maguire	41,506

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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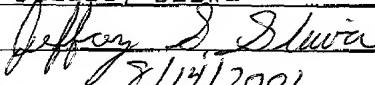
<input checked="" type="checkbox"/> Firm or Individual Name	Daniel P. Maguire, Attorney at Law				
Address	423 E Street				
Address					
City	Davis	State	CA	Zip	95616
Country					
Telephone		Fax			

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Jeffrey Sliwa
Signature	
Date	8/14/2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

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First Named Inventor	Andrew Hood, M.D.
Title	Customizable Hand-
Group Art Unit	
Examiner Name	
Attorney Docket Number	Hood/Sliwa

I hereby appoint:

- Practitioners at Customer Number →
OR
 Practitioner(s) named below:

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Name	Registration Number
Daniel P. Maguire	41,506

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Please change the correspondence address for the above-identified application to:

- The above-mentioned Customer Number.
OR
 Practitioners at Customer Number →
OR

Place Customer
Number Bar Code
Label here

<input checked="" type="checkbox"/> Firm or Individual Name	Daniel P. Maguire, Attorney at Law				
Address	423 E Street				
Address					
City	Davis	State	CA	Zip	95616
Country					
Telephone	Fax				

I am the:

- Applicant/Inventor.

- Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Andrew Hood, M.D.
Signature	
Date	8/14/01

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